STATE OF MONTANA

OFFICE OF THE STATE PUBLIC DEFENDER

MISCELLANEOUS CLAIM FOR SERVICES NON-CONFLICT CASES

Name of Claimant			Vendor ID #		
Services Prov	ided:				
	Investigator Expert Witness Transcripts/Depositions Research Mediator Other (Please Specify)				
Claimant must attach an itemized invoice to this summary form. The invoice must detail services by assigned OPD client number and document dates, time spent, rate of pay, and a description of the activity. Attach a copy of the preapproval notice for any pre-approved costs. OPD client numbers are assigned by the Regional Office. Separate summary forms must be prepared for conflict and appellate cases. The attorney requesting your services can direct you to the appropriate form. All travel expenses reported on this claim are to be detailed on a travel expense voucher form by case number and attached to this claim form. Claimant must submit a monthly claim by the 10th of the month following the month in which costs were incurred. Submit this claim to the Regional Deputy Public Defender that assigned the case. Please mail the original. We cannot accept faxes. Month/Year					
Client Name	Assigned OPD Client #	Attorney's Name	Total Fees	Total Costs (including Travel)	Total Fees & Costs
TOTALS					
The undersigned claimant certifies that the cases listed, expenses claimed and the times reported are true and accurate.					
Claimant's Signature/Date of Submission					
Regional Deputy's Approval/Date Approved Contract Manager's Approval/Date Approved					